transition of care

For Members

For new Premera Blue Cross Blue Shield of Alaska members whose current provider is not in our network.

(For informational purposes only)

What is **Transition of Care**?

If you are a new Premera member undergoing covered medical treatment(s) with a provider who is not contracted with Premera as a Preferred Provider, you may have questions about your new medical coverage. Transition of Care involves working with Premera to receive the highest level of benefits available to you as you change over to your new health plan.

Do you qualify for Transition of Care?

Answer the following questions to find out if you may qualify.

Are you:	
□Yes □No	1. Receiving treatment or care for the second or third trimester of your pregnancy?
□Yes □No	2. Currently enrolled in a hospice program?
□Yes □No	3. Receiving treatment or care for chemotherapy, radiation therapy, new anticoagulation therapy, follow-up of reconstructive surgery or a medication regimen requiring a rapid increase in dose?
□Yes □No	4. Receiving treatment or care for recent major surgery?
□Yes □No	5. Receiving treatment or care for mental health or substance abuse?
□Yes □No	6. Receiving treatment or care for surgery or hospitalization that is scheduled after you have enrolled in your new Premera Health Plan?

If you answer **Yes to any** of the questions...

Call Customer Service immediately, at the number on the back of your health plan ID card, to see if you qualify for Transition of Care with your current provider. If you answer **No to all** the questions...

You can change your care to one of our Preferred Providers to receive the highest level of benefits.

You may continue treatment with your current provider at the non-preferred provider benefit level. These services will typically result in a greater out-of-pocket cost to you. And, some services may not be covered when provided by non-preferred providers.

(turn over for more useful information)



How do I **find** a Premera provider?

If you would like to change care to one of our Preferred Providers, check our online provider directory at **premera.com** for the most current listing of providers in your area. You may also call Customer Service at the number on the back of your health plan card for assistance in locating a Preferred Provider.

What if changing physicians during my treatment is not possible?

If your physician is a non-preferred provider, and both you and your physician believe that changing providers would affect your health status, an exception to receive Preferred Provider benefits with your current non-preferred provider may be requested. Your provider must submit the request by phone or in writing for an exception to be considered. The request should state the reason for the exception and explain the medical necessity. The provider may attach any supporting medical information. The request should also include the following:

- Employee name
- Employee ID Number
- Member needing services
- Employer/Group name

To expedite the request, the provider can call 1-800-344-2227 and press 3 or fax the information to toll-free fax 1-800-866-4198 or 1-800-843-1114.

Or mail to:

Premera Blue Cross Blue Shield of Alaska Attention: Care Management, MS 438 PO Box 327 Seattle, WA 98111-0327

Our Care Management team will review the information. Although not all requests will meet the requirements for approval, Premera will work closely with you and your provider to ensure the best course of treatment. If we approve the request, services will be paid at the Preferred Provider benefit level described in your Benefit Booklet. You may still be responsible for additional charges above the maximum allowable amount. The exception may also be limited to a defined period of time based on the treatment plan. We will notify you in writing of the determination.

If you have additional questions regarding Transition of Care, please call the Customer Service number listed on the back of your health plan ID card.